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ABSTRACT

Few people are conditioned in the middle years to cope with the prospect of old age and retirement. If public libraries could act as the liaison in this transition, perhaps more people would be prepared to lead productive lives after age 65. Public libraries set aside sections for children and young adults but fail to do the same for the elderly. This age group has very little to occupy their time or mind after retirement, and many regress to the point of turning their energy inward, which can result in psychosomatic disorders, death wishes, or depression. This energy could be channeled into continued education, pursuit of a new interest, or interchange of knowledge. The public library could and would be the most logical coordinator of such a program. A bibliography is inserted at the end of each chapter with a glossary and list of available literature appended. (DS)

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PSYCHOLOGICAL PROBLEMS OF NORMAL AGING: IMPLICATIONS FOR PUBLIC LIBRARY SERVICE

by

Mary Dale Wiley

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INTRODUCTION

Reasons for the Study

This paper proceeds on the assumption that public librarians are educated generalists who consider no field of study outside their scope of acquaintance. We have no intention of urging that librarians, after reading this paper, attempt to practice clinical psychology. On the contrary, the basic elements of psychology of aging as presented here should serve to warn any non-psychologist professional who works with people of the pitfalls and complexities involved in his work. The reader might consider these principles in a negative manner; that is, a knowledge of the psychology of aging might prevent the librarian from making errors in his one-to-one dealings with aging persons. Or, the librarian, in planning service for the elderly, might be sufficiently aware of problems of aging persons to anticipate the need for consultative help from another agency. And, finally, the librarian who is aware of basic principles of psychology of aging will not, we hope, make assumptions of any kind about older persons without thoughtful exploration of the situations he may be handling.

On the positive side, we hope that this paper will reinforce an awareness of the great need for education for aging. Although there are differences of opinion on the reading interests of the elderly, one observation seems to stand out clearly in the literature: that older persons do not want to read about the processes of aging. It is too late for that; they are already there, and their reading and recreation needs are elsewhere. It is in middle age that this educative

process must take place, in the setting of the public library as well as in continuing and adult education programs everywhere.

For those librarians who agree that the public library is primarily -- as well as traditionally -- an education agency, the plight of most elderly persons should make the above statement obvious. Kanner, in his landmark work on the transfer of ideas from the literature of gerontology to the literature of librarianship, asserted that the middle years are the time for education for aging; he points out the role of the library in this task.[1] But we would like to re-emphasize Kanner's point by suggesting that public libraries are uniquely equipped for this kind of intermittent, non-structured flow of information to individuals at a time in their lives when the information is most needed. This input of information at the optimum time might even be viewed as a solution to a developmental task as described by Havighurst; we will consider this in more detail in Chapter II.

In connection with the role of public libraries in education for aging, one admittedly painful point should be made. Regardless of the degree of their social awareness and diligence, libraries seem to be operating in an invisible world. In one of the introductory chapters of an excellent literature review, Mason lists agencies involved in informal programs in education for aging: "...churches, clubs, fraternal groups, community organizations, public schools, colleges, universities, extension programs in rural areas, senior centers, and educational programs in congregate and domiciliary homes."[2] Nowhere in Mason's chapter or in the entire publication were libraries mentioned.

The 1971 White House Conference on Aging report included only <u>one</u> section -- the education section -- in which libraries were specifically mentioned. This statement, written by conference delegates who are

librarians, recommended that public libraries be considered community learning resources for older persons.[3]

Bert Kruger Smith, in her popularized book on older people, Aging in America, mentions libraries as a source of volunteer employment for older persons,[4] and library programs as a source of enrichment for elderly patrons.[5] But she does not seem to consider libraries a significant agency in the task of education for aging. There are many examples like these, all of which point out another reason for challenging librarians to think in self-assertive terms of their role in informal adult education.

All this is not to say that public library programs aimed to serve the needs of the already-elderly are unnecessary, or too late. We will examine, in Chapter I, the types of library programs that exist, the history of library service to the aging, and some of the attitudes of librarians about library service to the aging. We will also examine recent library literature to try to determine librarians' awareness of psychological aspects of aging. It would be presumptuous, if not impossible, to arrive at conclusions regarding the best kinds of programs, their content, their delivery of service, and so forth. Each library in its own setting must make these kinds of decisions. But it is our intention to encourage thoughtful planning of service to the elderly by giving librarians a glimpse of the inner world of the aging person, and to stimulate further thought and exploration by library planners.

Assumptions and Limitations

We are aware of the fact that library literature may not truly reflect the kinds of services offered to older patrons, or, more particularly, the degree of awareness of the librarians involved. Some

of the best -- or worst -- programs in terms of effectiveness may not have been reported in the literature at all. And, the intangibles that can make the difference between a merely adequate program and a meaningful one are difficult to report.

In the literature, however, a pattern did emerge that one might have intuitively expected. In articles that generalized about library service to older persons; that is, state-of-the-art, historical, survey reports, or theoretical literature, more attention was likely to be given to the psychological problems of aging. In library program descriptions, however, less emphasis was placed on emotional problems, and more on physical disabilities.

A further limitation in this study has been our exclusion, from the library literature and from the review of psychological processes of aging, of the physical problems of aging persons that severely limit mobility or information processing ability. Recognizing that aging persons can be members of other disadvantaged groups, or are recently disadvantaged because of age-related problems, we also excluded as far as possible consideration of special groups such as non-English-speaking, Black, rural or urban isolated, functionally illiterate, mentally deficient, or financially impoverished persons. In order to study the psychological effects of "normal" aging, we need to consider only persons in reasonable health and moderately comfortable life situations, or those persons who would have been in most respects part of the mainstream culture. Many such persons are residents of institutions and function normally in their transactions with society, so literature about these persons is included.

Methodology

To discover if there is a need for further awareness on the part of librarians of the psychology of aging, we have examined library literature from 1970 to 1975 to determine if it reflects a specific concern with psychological problems of older persons. The literature was ranked as follows:

The items retrieved both manually and in a computer search were separated into three groups. Group A included those books or articles that did not include any mention of emotional or psychological problems of aging persons. Group B included those books or articles that mentioned some psychological aspect of aging, whether specifically or not. These ranged from a mere reference to "psychological problems" or "loneliness" or "fear" to specific descriptions of types of emotional difficulties encountered in the aging process. The third category, Group C, were unavailable items.

There were thirty-eight items in Group A; twenty-seven in Group B, and two in Group C. It will be evident in perusal of the list of items in each group (see Appendix A) that the classification of the items is probably a basic injustice to the author in some cases, or gives the "benefit of the doubt" in other cases. For example, articles by Muriel Javelin, one of the leaders in the area of library service to the aged, are classified in Group A. We do not mean to imply that Javelin is unaware of psychological problems of aging persons; but those particular articles were not concerned with psychology of aging. This can probably be said of some of the other articles and authors as well, including the important document National Survey of Library Services to the Aging.

By the same token, some of the authors credited with an awareness of the psychology of aging may not have explored the subject, but may have relied on observation, concepts of our culture, or stereotypes. For example, it is easy to see that older people are often lonely, but we do not know whether an author was aware of the disengagement theory of aging, or of the effects of isolation on the personality.

The items were identified in Library Literature index and in a computer search of ERIC. Subject headings used in Library Literature were "Public libraries -- services to senior citizens" and "Reading -- special groups of readers -- senior citizens." It was decided not to use headings such as "Services to groups -- hospitals -- illiterates --institutions" because the limitations of this study preclude consideration of persons in these categories, although aging persons can be found in any of these groups. A spot check showed that appropriate items were cross-referenced to "Senior citizens."

The heading "Bibliotherapy" was also excluded because this service usually implies formal treatment of a diagnosed mental or emotional problem, either long-standing or pathological. It must be recognized, however, that bibliotherapy can be applied to any problem-solving situation, regardless of the severity of the problem, or that it can even be construed as recreational reading.

The ERIC descriptors used were OLDER ADULTS, SENIOR CITIZENS, GERIATRICS, RETIREMENT and PUBLIC LIBRARIES, BRANCH LIBRARIES, LIBRARIANS, LIBRARY MATERIALS, LIBRARY PROGRAMS, LIBRARY SERVICES, LIBRARY EXTENSION, ADULT READING PROGRAMS, INFORMATION NEEDS, INSTITUTION LIBRARIES. This comprised a logic string that would retrieve documents and articles containing information about older adults and libraries.

Definitions

Aging persons.

The most workable definition is a sociological one, paraphrasing Clark Tibbitts: Those who no longer occupy the traditional adult roles of earning a living and rearing children.[6] We have also followed the example in much of the literature and set an arbitrary lower age limit of 65. In our society, the 65th birthday of a man and of increasing numbers of women has social significance: it signals a major change of role. We have also used interchangeably the terms "aged" and "aging," despite the fact that the aging process begins at the moment of conception. Because the process of aging is continuous, both terms are applicable to a person over 65. For example, a person 90 years old might consider a 65-year-old a "youngster."

Psychological problems of "normal" aging.

These are the problems that are part of the aging process for persons who have no severe physical, mental, emotional or cultural handicaps. We have excluded psychological problems so severe that they prevent the individual from functioning, even at a limited level, in society, or that have resulted in the person's losing contact with reality over an extended period of time.

Health and financial security.

Determination of a person's health or financial security often depends on the person's own perception of his circumstances -- his life experience, his geographical location, his expectations, or the degree of change from the circumstances of his youth. Health and financial security for the "normal" person should be sufficient to allow mobility and prevent any serious threat to his physical well-being.

The literature of gerontology.

A librarian interested in exploring the processes of aging may consult the works of Atchley, Birren, Burgess, Cavan, Cumming and Henry, Havighurst, Neugarten, Reichard, Rose, Rosow, Shock, Streib, Tibbitts, and others. Disciplines of interest include geriatrics, social psychology, social gerontology, mental hygiene, rehabilitation, social work, and adult education.

Library programs. These are services provided by a public library specifically for aging persons, either routine or special, on a one-time or continuing basis, or sponsored by the library, or in cooperation with another agency.

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1. Elliott Elisha Kanner, "The Impact of Gerontological Concepts on Principles of Librarianship" (Ph.D. dissertation, University of Wisconsin, 1972), p. 7.

2. H. Lee Jacobs, W. Dean Mason, and Earl Kauffman, Education for Aging: A Review of Recent Literature (Syracuse, N.Y.: ERIC Clearinghouse on Adult Education and Adult Education Association of the U.S.A., 1970), p. 51.

3. Leslyn Schmidt, "Overview," AHIL Quarterly 12 (spring/summer 1972): 12.

4. Bert Kruger Smith, Aging in America (Boston: Beacon Press, 1973), p. 167.

5. Ibid., p. 180.

6. Eleanor Phinney, "Introduction," Library Trends 21 (Jan. 1973): 360.

I. REVIEW OF LIBRARY SERVICE TO THE AGING

Facts about the Target Group

Most discussions of library service to a special group begin with a description of the group, and this will be no exception. In 1970, there were more than twenty million Americans 65 years old or older. It is estimated that by 1985, the 65-plus population will reach twenty-five million, and by the year 2000, twenty-eight million. The 1980 population of persons over 65 will comprise 10 percent of the total population of the United States, a higher percentage than that of previous decades.[1]

The 65-plus population is evenly distributed relative to the total population throughout the fifty states, although the largest percentage is in Florida, and the smallest in Alaska.[2] The largest concentration of aging persons relative to the total population is in metropolitan areas: one-third of persons over 65 live in central cities, and another one-third in non-farm, non-metropolitan areas.[3] About 12 per cent live in communities of 1,000 or less.[4]

Fifty-eight percent of the 65-plus population are women, especially in the over-75 group. The percentage of Negroes in the 65-plus age group is "disproportionately small."[5]

Of the elderly population, 60 percent have eight years or fewer of formal education.[6] Fifty percent of over-65 households have an income of less than $5,000.[7] Although the number of 65-plus persons living in poverty level circumstances dropped 20 percent from 1959 to 1960, one-fourth of the age group are still at poverty level, and during the

decade mentioned, there was a 40 percent reduction of persons in poverty who were under 65.

Less than one-half of 65-plus persons are married and living with their spouses.[8] One-fourth of the age group live alone or with non-relatives; only 5 percent are institutionalized. Of the non-institutionalized, 81 percent have no chronic physical limitation on their mobility. The National Survey defined long term disability as "... any reduction or restriction of a person's activity as a result of illness or injury which persists throughout the year."[9] About 70 percent of those over 75 and 90 percent of those 65-74 years old are free from long term disability.[10]

This age group represents about 17 percent of all eligible voters as well, and they might also be separated into three categories, the "young old" or 60-75 years; the "middle-aged old" 75-85 or 90, and the "old old" of 90 to 100.[11]

According to the National Survey, less than 2 percent of all aging persons in the United States receive special library service.[12] However, aging persons are often members of population groups that do receive special library service,[13] due to the growing interest in serving special population groups. This amounts to special service almost by default; Fern Long argues that there is a "...general disregard of the fact that the majority of the old belong in the category of the disadvantaged."[14]

To summarize, the number of persons 65 years old and older in the United States is increasing. They are in general less well educated than the younger generation, but their education level is rising each decade. More elderly persons are women; one-fourth of the group is at or near poverty level, and one-third of them live in central cities.

Many, however, live in small towns. A small percentage are living in institutions, and a very large percentage are mobile and relatively healthy.

What does all this mean to the librarian? Primarily, the effect on libraries is that in almost every community there will be older persons who are mobile and are either library patrons or potential library patrons, and their number is increasing. As they grow better educated, the challenge to libraries to serve their needs after retirement will increase. Ironically, it is probable that the older persons seen most often in libraries are those who suffer least from the problems of aging,[15] so the implication is clear: libraries must reach out to the aged.

History of Library Service to the Aging

Probably the earliest mention in library literature of library service to the aging was in 1938, when Nathaniel Stewart wrote in Library Journal that the aging process should be regarded as a sociological and psychological phenomenon as well as biological, and that such an attitude would have implications for library service. He was startlingly ahead of his time:

> When the subject of mental hygiene of the old comes into its own, as have the psychology of childhood and the psychology of adolescence, an entirely new panorama will be envisaged. The genesis and the crux of the problem of libraries and the old will be determined with the development of the study of mental hygiene of the old. When we have come to the point where we shall regard old age as a period of life rather than a bodily condition, only then will librarians and educators become aware of their responsibilities in sustaining the mental and intellectual life of the old. 16

It was not until 1946 that the Live Long and Like It Library Club was established by Fern Long in the Cleveland Public Library; this is generally conceded to be the first special program of library service

to the elderly. It was an informal educational library program aimed at keeping members mentally alert.[17] Some of its stated aims are cited in Barnett's "Beyond Librarianship" article as a basis for his misgivings about special library service to the aging; we will examine Barnett's thesis in a later section. The uncontroversial facts about the Cleveland program are that it served as a model for others, and that Long and her associates were among the earliest and strongest advocates of special services for this age group.

In the early 1950s, other programs similar to Cleveland's were started in Boston, Brooklyn, Chicago, Detroit and Milwaukee, although the prevailing attitude among librarians was that the aged should not be served separately from other adults.[18]

Also in the early 1950s, funds were made available to ALA's Office of Adult Education for the American Heritage project and other experimental projects in library adult education, spurring interest in activities for older adults as well.[19] Library-Community Project grants to ALA in the middle 1950s aided libraries in planning long-term adult education projects based on analyzed community needs. Many public libraries saw the need for service to the aging.[20]

At the same time, gerontology as a relatively new field of study and practice had expanded,[21] and libraries in the 1940s and 1950s were experiencing a renewed interest in adult education as Thorndike's experiments of the late 1920s provided a basis for discarding the old beliefs that older people cannot learn. Although Thorndike's studies were not concerned with persons over 50, he had made an important beginning in the process of destroying stereotypes. (Other studies have gone well beyond Thorndike in exploring cognitive processes in

adults up to 100 years old,[22] and research now shows relatively little decline in intellectual powers with age.[23])

Library adult education, then, opened the door for service to aging persons during the 1940s and 1950s. In 1957, the Adult Services Division of ALA was formed, with Eleanor Phinney as executive secretary, and this division formed a Committee on Library Services to an Aging Population. The Division received U.S. Office of Education grants until 1967 to explore the extent and character of library services for older people.[24] In 1961, ALA's preparation for the White House Conference on Aging helped librarians recognize and define responsibilities and capabilities for special service. Pre-conference studies involved and stimulated libraries on both state and local levels.[25] A flurry of publication took place during the conference period, including Rose Vainstein's Service to the Aging; Fern Long's Aging in Today's World: A Buying List, and Paths to Long Life, compiled by a committee of Wisconsin librarians.[26] In 1969, the ALA Association of Hospital and Institution Libraries set standards requiring "current and standard titles in fiction and nonfiction," books in foreign languages and large type, and audiovisual materials, for nursing and convalescent homes.[27]

Legislation, too, affected library service to aging persons -- some indirectly, and some directly. LSCA in 1964 enabled libraries to purchase special materials, including large print books, and to demonstrate their use for older people.[28] In succeeding years, many libraries have used LSCA funds for inner-city projects for the elderly, shut-in service, purchase of special equipment for handicapped persons, including the aged, and books-by-mail service.[29]

The Older Americans Act (OAA) of 1965 created an Administration on Aging in the Department of Health, Education and Welfare. The OAA funded demonstration projects and pilot programs in planning, inter-agency coordination and personnel training as well as direct service.[30]

More recently, the ALA has attempted to get funds released to implement the Older Readers Services Act, authorized by 1973 OAA amendments. This would allow funding for training librarians to work with the elderly, special library programs for the elderly, salaries for older workers in libraries, home visits to the elderly, purchase of special library materials, outreach to recruit elderly patrons, and transportation of older persons to libraries.[31]

Other legislation affecting library service to the aging was the amendment of the Pratt-Smoot Act of 1966 which relaxed the definition of "legally blind" to allow more persons the benefit of federally funded Talking Books services.[32] Higher Education Act grants helped establish institutes in library schools to study special service for the aging, funded the interdisciplinary M.A. degree in library science and gerontology at Wayne State University, and funded the Cleveland Public Library's study National Survey of Library Services to the Aging in 1971.[33]

Education for Librarians Serving the Aged

Education for this particular special service has for the most part taken place in institutes, seminars, and in-service training programs conducted by libraries and library schools. An exception are the two interdisciplinary master's degree programs at Wayne State University (with the University of Michigan Institute of Gerontology) and North Texas State University.[34]

This undeveloped area of education for librarians is significant

in the light of the National Survey comment, "Librarian interest and motivation are primary factors in the development of library services to the aging. This interest has been aroused by exposure to the special needs and problems of the aging, either through the ongoing work of the library or through contact with individuals knowledgeable and concerned about the characteristics, needs, and problems of the aging."[35]

And Kanner noted, "Many of the articles in library periodicals have been written by, or concern the work of librarians who have been leaders in relating the field of gerontology to librarianship. Fern Long, Eleanor Phinney, Orrilla Blackshear, and Rose Vainstein account for nearly 35 percent of all references to library literature."[36]

Library Programs for the Aging

Library services for aging persons include the usual extension services, according to the National Survey: bookmobiles, mailing, personal distribution, and deposit collections in senior citizen centers, apartment buildings for elderly persons, and nursing homes. Group programs include clubs (senior citizens, literary, or special interest), films and film programs, book talks, discussion groups, and educational or instructional programs. Group programs are offered in senior citizens centers, nursing homes, geriatric residential units, churches, and other institutions. Information about these library programs is disseminated through newspaper, radio and TV.[37]

Extension services account for two-thirds of the services for aging people; group programs, about 20 percent.[38] More than half of the libraries offering services are in urban areas,[39] and the largest potential demand is for extension services[40] -- these were findings

from Phase One of the survey, in which 266 public libraries and thirty-three institutional libraries participated.[41] In Phase Two, data were collected from 858 public libraries serving areas with a total population of 108 million people.[42] Of these public libraries, about 75 percent were offering specific programs for aging persons in the usual three areas: extension, special materials, and group programs, but elderly persons were still receiving special services primarily through their affiliations in other target groups for special service.[43] Most of the libraries offered special materials and extension programs for aging persons, but fewer than half (44 percent) offered group programs.[44] Seventy-four percent offered special materials; 95 percent had large print materials. Fifty-one percent had some relationship with local agencies regarding service to aging persons, usually nursing homes. Other agencies involved were councils on aging, senior citizens clubs, senior citizens housing units, senior citizens centers,[45] but it was thought that the degree of cooperation might have been "questionable."[46]

Two-thirds of librarians responding felt that failure to cooperate with other agencies was the greatest barrier to service to the elderly. Constraints regarding library service to the aging were listed, with varying significance:

Insufficient funds
Architectural barriers
Inadequate transportation
Inadequate coordination among all community agencies
Philosophy that most library needs be met as a part of general services
Insufficient availability of program consultation and technical service
Lack of staff training opportunities
Lack of appropriate materials
Inability to recruit interested and qualified staff, professional and paraprofessional
Internal library organization
Inadequate publicity for existing services
Fear for personal safety

[47]

Reed identifies the most common type of library program as the rotating deposit collection in nursing homes, retirement homes and apartments for the elderly.[48] Suburban and rural libraries were found to serve "the largest percentage of their potential elderly users."[49] Only a few urban libraries can afford individual service by professional staff; others use volunteers, often themselves elderly.[50]

In the Wayne State case studies, it was proposed that libraries of all sizes can offer effective service to aging persons; the smaller libraries on an informal basis; the larger, with organized programs, large flexible staff, and special equipment and materials. The studies centered on libraries' priority of service to the aging, selection of materials, budgeting, and equipment.

All the responding librarians felt that home and institution extension is a "must," particularly because of the valuable individual contact between patron and librarian.[51] Many libraries hesitated to label their programs "for aging," but advertised them as "for adults" and arranged them in such a way as to attract and make it convenient for elderly persons.[52] Conclusions were that more data are needed on unit costs in comparison to other kinds of service, effectiveness of various patterns of service to aging persons, advisability of separating service to aged from overall service, whether to centralize service to the aged in one department, evaluation, reading interests, recruitment of aged volunteers, non-users, and library school curriculum in regard to service to the aged.[53]

One of the problems encountered in home service to handicapped persons of any age is their "low density" and correspondingly high cost of service and lack of qualified staff, according to McCrossan,

who suggests a system approach as a partial solution. As for the recruitment problem, social agency referrals are often not successful, since agencies may forget this function or consider it unethical.[54]

It appears to us that many more libraries are offering some kind of special service for elderly persons, although librarians everywhere are not convinced that it is necessary to separate older patrons from other adults in terms of library programs. Services to the elderly are most often in the form of extension, so that in effect, older patrons who receive special service may be handicapped, isolated, or in some manner out of the mainstream. Group programs are second in frequency among special services, both inside and outside the library. Two universal problems stand out: insufficient funding, especially in urban areas, and the need to cooperate -- to initiate cooperation if necessary -- with other social agencies for the most effective library programs.

Reading Interests of Aging Persons

The literature concerned with reading preferences of the elderly contains some contradictions and some common elements. A study in Boston in 1967 reported that aging persons had a preference for mysteries, light romance, and biography as first choices, and next in preference were recent fiction, nature and animal stories, and travel adventure. Less important were westerns, art and music. At the bottom of the list were humor and religion, poetry, the classics, current events, politics, science fiction, sports, science, and psychology. People seem to read fewer books as they grow older, but the same number of magazines; according to National Opinion Research, half of adults with only elementary school education read neither books nor magazines, and only 20 percent read both. But, Javelin points out that although

today's 65-plus age group is less well educated than younger persons, many of them have educated themselves through reading.[55]

Some libraries have discussion groups, and one reported that members read more as a result of their discussions. Booklists, though, are in poor repute. At least one librarian reported that elderly patrons, as individuals or in groups, show individual needs and interests once they establish contact with a librarian.[56] Nor do they want reading lists on the processes of aging.[57]

A Library Trends survey showed that aging persons prefer "light romances with no sex, biographies, books in large print, westerns, mysteries, and no science fiction and no books containing violence." Another study in Rhode Island showed that those who read when they were young tended to continue to read more than others, but they did not like "depressing" books, science fiction, "meditations," or books with confusing plots or many characters.[58] A Nelson Associates study found that older persons were not very interested in "how to do it material," special interest magazines, science fiction, or books containing sex and violence.[59]

Margaret Monroe proposed that most people read for a purpose, except for those who want escape from tension after work. Professionals tend to read vocational materials related to their jobs; factory workers might pursue more varied interests. Therefore, one might expect less change in reading interests after retirement for factory workers than for professionals.[60] However, professionals would have read more in their younger days, and would probably continue to do so after retirement. Because older persons seem to be interested in "reviewing their lives," they might become interested in autobiographies and in reading related to philosophy of life.[61]

Another librarian, writing in 1953, suggested that aging persons like "self-help books, both psychological and religious..." and humor because "old people need to meet the world with a smile."[62] Two other librarians, apparently combing the literature, replied to her statement ten and nearly twenty years later. Barnett commented:

> To offer the aged books selected to raise their morale or to help solve their personal problems or to keep them laughing is to make of librarianship a form of bibliotherapy which tries to keep the aged happy by means of cultural dope shots; it is to treat the aged as terminal cases. 63

And, in 1971, Buswell characterised the 1953 statement as "undoubtedly well-meant..."[64] and reported older readers' lack of interest in books on politics, sociology, "the crisis issues of today," and racial problems. Her readers preferred the novels of Yerby, Slaughter, Keyes, Turnbull and Douglas and the lighter works of the first two decades of the twentieth century. Mysteries were popular; these are exceptions to the usual dislike of sex and violence. Older readers enjoy biographies, animal stories, westerns, nostalgia, news magazines, daily newspapers, and popular periodicals. They did not seem interested in inspirational literature.[65]

In her perceptive and well-researched article, Buswell offers explanations for the reading preferences of the elderly people she serves. Her interpretations serve to sum up most of the studies made to date of reading interests of older persons; as for other findings that disagree sharply with the majority, it must be remembered that no definitive study has been made of a large population of readers of any age. As a result, guesses -- some more educated than others -- and generalizations based on scattered studies have guided librarians' concepts of reading interests within special groups.

Buswell begins her informal study with a statistical profile of her readers in a Veterans Administration domiciliary library: the average person was 64 years old, male, unmarried, and a former laborer with an elementary school education.[66] She comments that reading is a major activity in the VA home, and that it is a continuation of a lifelong habit, both in choice and in intensity. Speculating on the interest in biography, she comments that the "contemplation of another's life is perhaps serving a particular need of the older person to view the life-process as a whole, to reassure himself, perhaps, that any life lived is worthwhile." The interest in animal and nature stories might be explained as an attempt to find the "kinship of all life... its transcendendent qualities."[67] The lack of interest in the in-depth treatment of current events is evidence of the disengagement theory of aging, of gradual withdrawal from society (see Chapter II). Buswell explains the interest, on the other hand, in news magazines and newspapers as indicative of a preference for superficial treatment of current issues.[68]

Preference for light novels of the early twentieth century and older best-sellers with no frank treatment of sex or violence is reflected in almost all studies of reading interests of older persons. And, yesterday's best sellers offer a return to the days when life was simpler, more understandable, and more successful. These books are old friends, Buswell reminds us, who have not died.

That both old and modern detective stories are widely read can be explained by the fact that they feature straightforward plots and colorful figures not too deeply characterized, despite their occasional forays into sex and violence. Westerns, the most popular in the VA group of readers, have been a lifetime habit.[69]

Summarizing, Buswell makes a comment worth remembering: "The actual reading choices of the aged correspond rather closely to the mechanism of adaptation to old age, and too much interference with them by the librarian would appear to be unwise, if not outright dangerous."[70]

Attitudes of Librarians about Special Service to the Aging

Buswell's article is not only a study of the reading habits of her patrons, but also a reply to the then 10-year-old "Beyond Librarianship article by Abraham Barnett in Library Quarterly. These two articles are eloquent poles in the controversy over the necessity or advisability of special library service to aging persons as opposed to including the elderly in libraries' ordinary adult services. In a way, the argument represents a microcosm of the advocacy vs. neutrality question, or, To what extent is the librarian a social worker?

Barnett, referring to the Cleveland Public Library program, quoted Long and Lucioli's statements of purpose published in 1948. That the aged are a conservative, even reactionary,barrier to social change, justifying educative public library service, was indeed stated in the original Long and Lucioli article.[71] Barnett also quoted a master's paper in library science in which the author interviewed Long in 1958;[72] according to Long, the presence of a Townsend Club in Cleveland which was disseminating literature was an example of the kind of influence library adult education must overcome.[73] Understandably mystified by such an attitude toward the Townsend Club, especially at that late date, Barnett questioned the kind and degree of conservatism the public library must combat, and argued that it is not the task of librarians to "cure" the aged of their conservatism anyway.[74] If librarians attempt to

change various features of society, he said,

> we are partisans who ought not to be intrusted with the mission that underlies the democratic mode of dealing with social conflict; namely, the free selection and provision of books, and journals...for all. The defense of this mission, which constitutes our principal role, is the only social conflict which we should allow ourselves. 75

Buswell, in her article, quoted the above passage and replied that in order to select materials for all, a librarian must be "sympathetically aware of the social dilemma of those for whom they are chosen..."[76]

> What, then [she asks] would he have us offer the aged? Would it be that old faithful: 'Here is the card catalog. It lists all the books for all the people'? Would he have us do the same with our largest special interest group, the children, arguing that to recommend to them the things we think would fill their need would make of them imbeciles?
>
> ...the interests of the aged are best served as the interests of any human being, regardless of his classification as a member of whichever special sub-group, be it age, race, economic standing, or whatever. It is not, and it cannot be the role of the library to change the living conditions of the aged, but it is, and it must be its concern to contribute knowledgeably to their continued function as whole human beings. 77

Barnett had other criticisms to make of the commitment to special service to the elderly, a commitment he considered "beyond librarianship." One criticism he called the Library as Settlement House; another, the Librarian as Redeemer of Lost Social Roles.[78]

Characterizing the "settlement house approach," he described it as one that provides the aged with "social activities, social centers, friends, and, if not a kind of therapy, then with the attention associated with the social worker, de-emphasizing, in effect, books and reading."[79] As for the personal contact considered so valuable by librarians working with the elderly, Barnett warned that person-to-person

contact is a "side effect" and should be "peripheral to the essential purpose of library service...otherwise, assuaging of the psyche comes to dominate library endeavors." A danger in "redeeming lost social roles," he said, is that materials for the aging will be chosen by librarians to help the reader adjust to his life reather than for the "ideas and ...art" in the materials.[80]

Barnett argued that the mental alertness of an aging person, that quality which libraries seek to cultivate, is not necessarily related to the social, economic, or biological phase of life people enter when they are considered "aging." He questioned the ability of a special library program to substitute for a person's former role as an economic producer, or as an authoritative or indispensable member of a family.[81]

Librarians have reported noticing that bibliotherapy helps older persons who are suffering from loss of self esteem and from disorientation, but no studies have been made to verify this,[82] a fact Barnett had emphasized in his argument.

Another point of view was expressed by Fern Long in 1961, when she speculated on the reluctance to treat the elderly as a special group for library service: "Could it be that some librarians, like so many others, reject so strongly the whole idea of age that they refuse to face the reality of that phase of life, and prefer to act as if it does not exist?"[83]

She may have been right. Librarians, as well as library users, must grow old some day.

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II. PSYCHOLOGICAL PROBLEMS OF NORMAL AGING

In 1961, Elaine Cumming and William E. Henry published results of a study that has been considered a landmark in the field of gerontology: Growing Old -- the Process of Disengagement. Since this work was published, there have been modifications and criticisms of their theory; in fact, it would seem from a brief review of the literature that Cumming was intellectually abandoned by nearly all her colleagues as the disengagement theory was dissected and reformulated. Regardless of its weaknesses, however, it stands today as a focal point for discussion of the socio-psychological aspects of aging.

As a socio-psychological theory, it concerns both personality and social functions in a meeting ground for two separate disciplines, psychology and sociology. The theory is concerned with how individuals relate to their social environments, and how society relates to the individual.

Cumming and Henry describe the disengagement theory as

> ...an inevitable mutual [italics ours] withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social systems he belongs to. The process may be initiated by the individual or by others in the situation. The aging person may withdraw more markedly from some classes of people while remaining relatively close to others. 1

The result of this disengagement process is a new state of "equilibrium" between the individual and society, and, we might add, as implied by psychological processes, within the individual as well. Three changes take place during the process of disengagement. First, the number of persons and contacts with those persons made by the

individual (social life space) decreases; second, the kinds and patterns of contact made by the individual change; and third, personality changes in the individual both cause and result from the decrease and change in contact with other persons.[2] Implicit in this explanation is, of course, that persons often represent institutions or social systems such as clubs, church, and occupation.

We have underscored Cumming and Henry's words "inevitable and mutual" because they are what makes this disengagement theory different from common-sense observation and unique in socio-psychological theory of aging. These two words also seem to be the bone of contention among sociological writers since 1961 regarding theories of aging. That "successful aging" can be achieved only through mutual disengagement is a cornerstone of Cumming and Henry's thesis; the inevitability of disengagement reflects the "functional" approach of these investigators. Functionalism is a school of sociological thought that is basically concerned with present functions of social institutions rather than an historical perspective concerned with recurrent as well as present patterns. A weakness of this approach, according to critics of functionalism, is that such studies cannot deal with social change.[3]

As we examine Cumming and Henry's theory in more detail, we suggest that the reader consider how the feminist movement, for example, might serve as an agent for social change profoundly affecting the patterns of disengagement for both sexes. Other elements of social change that may one day affect patterns of disengagement are earlier retirement, increase in relative population of older people, or changes in the economy resulting in more unemployment, shorter work-weeks, more volunteerism, and so forth.

Cumming and Henry, as functionalists, believed that society and individuals naturally seek solutions to situations that are disruptive unless the siutations are prepared for through some social process such as disengagement.[4] Death is such a situation: disruptive when unexpected, but inevitable in any case. Thus society and individuals both gradually weaken the bonds with each other -- or to life -- in preparation for death. Stating that disengagement of various kinds takes place at different times for different individuals, the authors added, "Death is...the only total disengagement."[5]

Disengagement is a circular process. This is due to the reaffirmation of social norms through interaction; when interaction decreases, individuals experience a kind of freedom from normative control. Finding it more difficult to relate to others as a result, disengaging persons withdraw even more, further weakening normative controls.

Cumming and Henry call the role of men in American society "instrumental," in contrast to the "socio-emotional" role of women, a difference reflected in the different processes of disengagement for the two sexes.[6] They explain the difference between these two kinds of roles:

> To these women, working seems an activity to augment the income and fill up time; it does not express the whole woman in the way that work, no matter how uncongenial, tends to express the whole man. 7

> [There is]...a kind of buffering action performed by the socio-emotional role -- as if women stood between men and the world of sociability, religion, and general culture in much the same way that men stand between women and the economic world...we saw that women do not feel the loss of responsibility about domestic tasks the way men do about work. 8

The authors pointed out that they did not have in their study group any professional women who would probably not fit the above

description.[9] The implications of these two kinds of adult roles, then, must be read with this limitation in mind. Retirement, said Cumming and Henry, is society's "permission" to men to disengage. But problems arise, unless the men were involved in certain kinds of intellectual or expressive occupations that do not necessarily end at age 65. First, men find it difficult to shift from instrumentality to sociability, or to roles that are traditionally associated with women. Second, men lose status identity, since in America status is closely tied to occupation. And, third, men lose a peer group when they retire,[10] and often have to restructure their relationships with their wives, which may also have undergone a change since the task of rearing children is often finished at this time of life.

In addition, unless a man has been an active member of an extended family, he has probably not kept as close ties with family members as his wife has.[11] Finally, the loss of the occupational identity may result in a turning-inward of the personality to compensate for the loss, and to re-establish identity in terms of past accomplishments.[12] Cumming and Henry point out that the loss of a specific occupational role is not so serious as the loss of "general instrumentality," which involves the need for a much greater adaptation to retirement.[13]

Widowhood, women's counterpart of retirement, poses related problems. A widow whose husband's occupation provided her with social identity must find a new way to relate to social groupings. She must adjust, of course, to her loss; and she must shift from "organic solidarity" of marriage (mutual dependence) to "mechanical solidarity" of a peer group of other widows the same age (shared values).[14] Yet, for women this adjustment seems easier than for men; they have a ready-made peer

group, due to the greater longevity of women and the loss for men of a peer group at retirement. And, women who have participated in the socio-emotional roles are already practiced in the kinds of adjustments they need to make in re-integration.[15]

Cumming and Henry see the adjustments to widowhood and retirement as steps in disengagement more or less willingly undertaken by aging persons. The most difficult task faces the widower, who has lost spouse, job, and often close family ties, and is less able than a woman to manage a household alone because of a lack of domestic skills. The authors remind us that "...old age *[is]* a woman's world."[16]

Another postulate of the Cumming and Henry theory is that disengagement may be initiated by either the individual or by the society, or by both simultaneously. The individual may begin to feel that his skills and motivation are fading before he reaches compulsory retirement age; or he may be forced to retire at the peak of his achievement.[17] The latter is probably more often true, and unless disengagement is mutual and simultaneous, some adjustment has to be made. An individual may learn new skills in order to continue engagement with society, or he may reluctantly continue engagement.[18] When disengagement is begun, new roles must be found to replace those given up in order to bridge the span between retirement and extreme old age.[19]

When does disengagement begin for an individual?

> If the individual becomes sharply aware of the shortness of life and the scarcity of the time remaining to him,...and if he perceives his life space as decreasing,...and if his available ego energy is lessened,...then readiness for disengagement has begun. 20

The other side of the coin are the events that constitute society's permission to the individual to disengage: retirement, widowhood, departure of children.[21]

In disengagement, relationships become voluntary rather than obligatory, and for persons who have exercised a great deal of responsibility in their working lives, these role changes can be difficult.

In a final postulate, Cumming and Henry assert that disengagement is a "culture-free concept, but the form it takes will always be culture-bound."[22] This is a portion of their theory that has been attacked as ethnocentric and invalid because of the functionalist tendency to ignore social trends. Rose argues that disengagement is neither universal nor inevitable,[23] but an American phenomenon -- which is undergoing change -- and more dependent on an individual's psychological characteristics than on the inexorable march of social function. Further, he criticizes Cumming and Henry for their value judgment that disengagement is desirable;[24] we will see that there are other points of view about this.

Another theory of aging is the "activity" theory, cited by Havighurst, Neugarten and Tobin after the Cumming and Henry theory was published, as a contrast to their modified view of disengagement. Both theories are based on the observable facts that as people grow older their behavior changes, their activities lessen, and the extent of their social interaction decreases. In the "activity" theory, the authors suggest that except for some biological changes, old persons are the same as middle-aged persons, with the same psychological and social needs. Most, therefore, do not wish to decrease their activities and resist the shrinkage of their worlds by replacing lost roles, work and personal contacts with substitute activities and other relationships.[25] This, of course, reflects the value our society places on being active instead of inactive and middle-aged in preference to old.

There is a distinction between disengagement as a process and as

a theory of optimal aging, or a means for successful aging; disengagement can describe both social and psychological changes, but unlike the Cumming and Henry theory of optimal aging, disengagement as a process involves social and psychological changes taking place independently of each other. A person's preoccupation or emotional investment in persons and events is called psychological engagement; social engagement involves those interactions visible in the course of everyday life.[26] Although the two kinds of engagement are related, evidence showed that psychological disengagement often begins in the 50s, while social disengagement takes place in the 60s and 70s.[27] This implies a developmental process, perhaps an anticipation on the part of the individual.[28] However, evidence also supported the "activity" theory, in which social disengagement occurs without psychological disengagement, or in which the psychological change occurred as a result of the social disengagement.[29] The authors found that neither the activity theory nor the disengagement theory of optimal aging accounted for the two sets of values evident in the data they collected: 1) older people expressed a desire to stay active to maintain a sense of self-worth, and 2) a desire, at the same time, to withdraw. The problem was, the researchers concluded, that neither theory deals with personality, and that the relationship between satisfaction and activity is probably influenced by personality type.[30]

Another approach to aging as a process is the developmental task approach. Two scholars whose names are associated with this concept are Erik Erikson and Robert J. Havighurst. Erikson concentrated on "psychic developmental tasks" of childhood and adolescence and proposed tasks for young adulthood and middle age,[31] but Havighurst, whose theories have been adopted widely in the education field,

outlined tasks for the entire life span using a much more general orientation:

> A developmental task is a task which arises at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks. 32

Some developmental tasks are found in all societies, while others are a result of social demands rather than of biological processes and are found only in certain cultures.[33] Some tasks are recurrent, such as learning to get along with one's age-mates,[34] and others are non-recurrent, such as learning to walk and talk. The crucial moment for learning a recurring task is when it first appears; learning it in successive phases is easier if the task is learned successfully the first time.[35] "Man learns his way through life," Havighurst said,[36] and nowhere is this better illustrated than when we trace tasks from one phase of life to another. The relationships of middle-aged people with their aging parents represent an aspect of a later developmental task for the same middle-aged people when they become aged. Havighurst's developmental tasks for later maturity are 1) adjusting to decreasing physical strength and health,[37] 2) adjusting to retirement and reduced income, 3) adjusting to the death of a spouse,[38] 4) establishing an explicit affiliation with one's age group. Havighurst points out that for the first time in thirty or forty years, a person has to learn to participate in an age-graded group.[39] Just as he must make a choice between accepting diminishing roles or compensating with new ones, the aging person must choose between attempting to identify with the middle-aged group or with an elderly group.[40] A fifth task is adopting and adapting social roles in a flexible way.[41]

Psychologists Zinberg and Kaufman considered aging

> ...a developmental stage for the human organism. Often in the past 'normal' aging was applied only to those persons who by rare good fortune avoided certain physical, emotional, and social upheavals that usually accompany aging. Normal aging was viewed as the least amount of aging rather than as a developmental stage with its own characteristics. Each life stage poses different problems, and it is possible that the aging person, besides having to master his own set of difficulties, is also faced with the precipitates and unresolved residues of other developmental phases. 42

Erikson set up a series of psychological conflict situations for each phase in life, representing in their solution a developmental task. Adapting Erikson's structure, Peck devised a series for the second half of life. Because they affect the tasks of old age, we will begin with Peck's tasks for middle age.

The first conflict in middle age is "valuing wisdom vs. valuing physical powers."[43] This involves reversing a set of values held by a youth-oriented society and accepting the decline of physical power in favor of the accumulation of experience, peak decision-making ability, and accomplishment that characterize middle age. A second conflict is "socializing vs. sexualizing in human relationships." If a person accepts a decrease in sexual drive, men and women may emerge as individuals and companions in relationships rather than as sex objects. Third, "cathectic flexibility vs. cathectic impoverishment" (see page 43) can be defined as the ability to re-invest interests and emotions in new persons and activities. In middle age, many people have the widest range of acquaintance and involvement, but it is also the beginning of friendships broken by death or distance, and changes in living.[44] The ability to adapt in this stage is crucial in respect to adaptation in old age -- clearly a recurrent developmental task in the Havighurst tradition. A final conflict is "mental flexibility vs. mental rigidity." Middle age is a time of mastery of skills and of developing generalizations

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The first conflict in middle age is "valuing wisdom vs. valuing physical powers."[43] This involves reversing a set of values held by a youth-oriented society and accepting the decline of physical power in favor of the accumulation of experience, peak decision-making ability, and accomplishment that characterize middle age. A second conflict is "socializing vs. sexualizing in human relationships." If a person accepts a decrease in sexual drive, men and women may emerge as individuals and companions in relationships rather than as sex objects. Third, "cathectic flexibility vs. cathectic impoverishment" (see page 43) can be defined as the ability to re-invest interests and emotions in new persons and activities. In middle age, many people have the widest range of acquaintance and involvement, but it is also the beginning of friendships broken by death or distance, and changes in living.[44] The ability to adapt in this stage is crucial in respect to adaptation in old age -- clearly a recurrent developmental task in the Havighurst tradition. A final conflict is "mental flexibility vs. mental rigidity." Middle age is a time of mastery of skills and of developing generalizations

about one's life and life in general; if opinions become set or inflexible, general adaptive and learning ability in later life will be impaired.[45]

For adults, developmental tasks may occur within a wide range of ages as sets of tasks overlap, or events or circumstances hasten or delay different phases of life. In one family, children may leave home while their father is at the peak of his career, or before; in another, a youngest child may become independent just as the father faces retirement, waning sexual interest, and shrinkage of social life space. Each of these two men faces a different set of tasks rather than a single phase of life signaled by the end of the child-rearing role.[46]

Keeping in mind, then, this overlapping of tasks and psychological conflicts, let us look at Peck's tasks for old age. The first, "ego differentiation vs. work-role preoccupation," relates to compulsory retirement and its effects. Ego differentiation here means the adaptation or use of alternative values and self-identifications developed throughout life to replace the chief role of the adult years, work or child-rearing.[47] A second is "body transcendence vs. body preoccupation." Because aging means decreased resistance to illness and some age-related health problems that mean decreased strength and mobility, many older persons allow health worries to dominate their existence. The task is to allow mental and social sources of self-esteem and pleasure to take precedence over the physical.

"Ego transcendence vs. ego preoccupation" refers to the mechanism of adaptation to the knowledge of personal death. Rather than to allow the ego to deny death or turn inward, individuals might attempt to develop a future-oriented, constructive attitude in spite of the relatively short time remaining to them. Overcoming death is possible,

in a sense, Peck said, by making selfless contributions to family, friendships, and society at this stage of life.[48]

We have explored some theories of aging from a primarily sociological point of view, although Cumming and Henry claimed a socio-psychological approach, and Peck's set of developmental tasks were somewhat didactic in nature. While the effect of the individual personality is implicit in most modern sociological studies, it is not often specifically taken into account. It was this consideration that led Havighurst, Neugarten and Tobin and others into research that identified personality types and their adjustment to aging. In fact, some of the literature on aging is concerned with only its psychological aspects. For this reason, we would like to review briefly the processes of personality development and the elements of the personality: the id, ego, and superego.

* * * *

When Sigmund Freud's analyses of the elements of human personality were published over a span of years in the early twentieth century, the disciplines of psychology and psychiatry emerged as part of modern science. Although many of Freud's theories have been modified -- some by Freud himself near the end of his life -- his basic concepts in psychology stand as the foundation of our present-day knowledge of the mind and emotions. Many of the terms introduced by Freud, such as "defense mechanism," "repression," "inhibitions" and the like, became part of popular vocabulary in the 1920s.[49]

Freud conceived of the personality as having three separate but interrelated and interdependent functions. These functions or systems

he called the id, the ego, and the superego. The id is the basic, primary portion of the personality which generates impulses and primitive drives that need to be satisfied. Freud called this drive-satisfaction the "pleasure principle," or the gratification of an elementary need.[50] Although the translation of the need to a specific desire is also involved, we will confine our definitions to the very basic principles. What is important to remember about the id is that it is a source of impulses and psychic energy (the mind has energy just as the body has). Because the id is, in a sense, "buried" in the functioning of the mature mind, it is not in contact with external reality and therefore does not change very much throughout the individual's life.[51] It is like an infant, demanding and unthinking, but unlike an infant, it does not mature.

The ego, on the other hand, is the element that uses the energy provided by the id and mediates between it and the outside world. As Hall so neatly expressed it, the ego is the "executive" of the personality, directing, controlling, and processing the id's impulses and drives so that their gratification becomes feasible in the outside world. Freud calls this the "reality principle,"[52] and here is where cognition, or the learning process, takes place. Here reality is tested, and information processed in order to fulfill the individual's needs in ways that are realistic and possible. Throughout life the ego, using psychic energy, constantly adapts to, distorts, or copes with reality in order to satisfy the individual's needs.

The third element in the personality, the superego, is a product of the ego's processing and mediating activities. It represents values, ideals, and traditions of society or of the individual's environment.[53] Without the superego, the ego would be amoral, regardless of its

efficiency in dealing with reality. Hall explains the difference between the ego and the superego:

> ...the ego is the resultant of one's interaction with objective reality and the province of the higher mental processes,...the superego may be said to be the product of socialization and the vehicle of cultural tradition. 54

These three functions work so closely together that they are not really separate, but are defined separately for the sake of recognition. It is easy to see that if the three functions do not work smoothly together to produce an inner equilibrium, the individual will have difficulty operating in society. One of the three elements may be the strongest,or the strength of any of them may vary throughout life. For example, we will see that the growing strength of the id represents one of the problems of aging.

An important term in Freud's analysis of the dynamics of personality is cathexis, or the concentration of psychic energy on someone or something. The concept of psychic energy is important here, because, like any other kind of energy, it can be converted, diverted, or redirected. This redirection of psychic energy is called displacement.[55] Because a mother satisfies a baby's needs, the baby's ego uses the id's psychic energy to cause the baby to cathect its mother. If the mother is removed and an unrelated person is put in her place, the baby's psychic energy will be displaced and the baby will eventually cathect the surrogate mother.

"Anti-cathexes" also exist. These are the results of the ego's work to block a flow of energy toward a cathexis. In a developing or mature personality, the cathexes of the ego may be more realistic than cathexes of the id, so anti-cathexes are created by the ego or superego.[56]

In a normal lifetime, the ego is the element that uses most of the energy created by the id. The energy is used to learn, feel, remember,

imagine, and reason, and to control the impulses of the id. Because the ego grows stronger as the person matures, the id grows weaker.[57] This is similar to the physical law of conservation of energy applied to matter; Freud's law of psychic energy applies to the functioning of the mind: as one of the elements gains in strength and uses energy, one or both of the others must lose energy.

One of the most commonly observed aspects of aging is loss of memory. Because the ego uses energy to remember as well as to learn and create new memories, old memory "traces" weaken as energy is diverted away from them.[58] It seems probable that a real reason for memory loss in older persons is the necessity to invest so much psychic energy in adaptation to the conditions of old age. In fact, persons of any age who are under stress often become what we call "preoccupied" or "absentminded." This gives rise to the question of whether the social conditions of aging contribute heavily to a characteristic traditionally considered an inevitable part of the aging process.

Repression is a term popularly used to describe a kind of self control. Actually, repression may be an everyday, mundane occurance as the ego or superego causes an individual to behave in a socially acceptable manner. Or, repression may take place in the form of an anti-cathexis to block a painful memory.[59]

Another term popularly used is the "unconscious." Because of Freud's own modifications of his theories and the changing emphasis over the years in psychology to the conscious mind, we may now substitute the word "id" for "unconscious."[60]

Along with the concepts of drives, psychic energy and the checking and controlling of drives, Freud dealt with the instincts and anxieties.

One of the most interesting aspects of his writings is his belief in the death instinct, commonly called the "death wish," as opposed to the life instinct, a form of energy which is expressed as the "libido."[61] Although other psychologists have disagreed, Freud believed that a form of evolutionary memory caused living organisms to incorporate a sense of their own death.[62] Modern theory recognizes aggressiveness and destructive behavior as part of personality, but Freud attributed these characteristics to a derivation of the death instinct. By contrast, the sex drive is an example of a derivative of the life instinct.[63] Fromm, in discussing character structure, referred to people who express a love of life or a love of death (biophilia and necrophilia). Those who love death dwell on illnesses, medicine, mechanical things, and funerals; since many older persons are observed to do this, Fromm suggested that these persons may have been necrophilious types all their lives, but have stopped repressing it because it is no longer necessary to project a pleasing image. Fromm suggests that this preoccupation, then, is not necessarily a natural part of the aging process, but a part of an individual's character structure.[64]

Anxiety, Freud wrote, exists on more than one level. The response to a direct threat in the external world is objective or reality anxiety; the response to an inner threat is neurotic anxiety. This inner threat may be caused by fear of being overwhelmed by an impulse of the id,[65] or it may be what is called "free-floating anxiety."[66] Older persons often exhibit the latter type. In an effort to cope with a nameless anxiety, they attach it to specific things, such as physical pains. Thus, the complaint becomes cause for legitimate concern from someone, a doctor, for example. But we must remember that this is not

done deliberately or consciously.[67] Phobias, a form of neurotic anxiety, represent a "primitive wish of the id for the object of which one is afraid."[68] Almost all forms of neurotic anxiety are, of course, more difficult to cope with than objective anxiety, since it is difficult to flee from oneself. Hall points out that the degree of success in fighting fears determines the character of the individual, and that all persons experience some degree of neurotic anxiety.[69]

Moral anxiety is the third type, and it is dictated by the conscience, which is part of the superego. It is a temptation here to speculate that the older persons of the 1960s and 1970s may, in general, suffer more from the moral and social tyrannies of a vestigial Victorian-era childhood (in which the superego was formed) than will the elderly of later generations.

In all kinds of anxieties, repression may play an important part. Repression is the ego's or the superego's way of protecting itself from a threat. By failing to perceive or acknowledge a threat, the ego prevents anxiety[70]-- and we must remember that the purpose of the ego throughout life is to prevent pain and bring about gratification. When repression, an anti-cathexis, occurs for this reason, it is called a <u>defense mechanism</u>.[71] Sometimes older persons experience a weakening of repressions (due to a diversion of psychic energy and weakening of the ego). Let us see what happens to many older persons when a defense mechanism weakens.

Throughout a person's life, social rewards for conformity and adaptation bring "psychological supplies" such as love, material gratification, participation, and compliments for achievement, all of which result in high self-esteem.[72] But when people age, these changes cause stress: 1) many of the neurotic elements of the personality grow

stronger, 2) social attitudes toward aging persons are unfavorable, 3) the aging person experiences physical changes, and 4) his social world shrinks. Emotional deprivations result in lowered self-esteem. The ego, finding less in reality that it can relate to as disengagement progresses, loses its power, and deeper areas of the mind come into dominance. The id grows stronger; now the ego is threatened by the forces it has fought all its life.[73] At a time when the personality badly needs its lifelong defensive barriers, psychic energy is being drained, and the ego loses effectiveness. Repressed drives may be allowed to return.[74] This phonomenon is part of what is called regression, thought by some psychologists to be one of the most common psychological aspects of aging, and to a degree, a necessary one.[75]

Regression begins with withdrawal from social contacts and consists of a series of backwards steps to some point of earlier behavior. This permits the ego to reorient itself to demands that seem more familiar and allow it to use methods of coping that were once successful, used perhaps at a stage in life when a similar demand on the ego's power was first introduced. Psychologists point out that a certain amount of regression is not an illness, but a "cure" for anxiety that occurs when an individual senses that his inner defenses are weakened.[76] However, if regression goes too far, it becomes a psychosis.[77] A similar occurence is called recession, but it is actually a kind of "de-education," or backwards movement through developmental stages.[78] In both cases -- and both may occur together -- the individual loses self-confidence and a sense of usefulness first, inner defenses crumble next, and the person experiences panic, even terror, often unknown even to family members.[79] Then the problem is internalized, and the ego redirects

its attention to its own past, since the present is not so rewarding. Sudden mood changes may occur because the past carries with it childish conceptions and long-repressed emotions. The ego uses up psychic energy attempting to cope with the resulting chaos in the personality.[80]

The free-floating anxiety we have already mentioned is a form of another defense called projection. Projection is a transfer from one object or subject to another object or subject, while the feelings remain the same.[81] For example, a person who cannot acknowledge his own feelings of hostility may unconsciously attribute hostility to other people instead. Or, in the case of the neurotic free-floating anxiety, the feeling is transferred to an object (pain in one's knees, for example) so that it may be expressed and dealt with.

Defense mechanisms, necessary though they are, can be vicious circles. They require psychic energy which the ego could use to better advantage in rational problem-solving, learning adaptive behavior, and so forth. Yet anxiety needs to be coped with, particularly when the ego is weak, as in childhood and often in old age; otherwise the ego will be overwhelmed by anxiety and unable to function. For children, there is hope of breaking out of this circle, because the ego grows stronger as the child matures.[82] But for the elderly, there is no such hope if adaptive abilities are low, and the personality often stabilizes at this point. A psychologist explains:

> Old age...is not only a state of increasing functional inefficiency but occurs within a milieu which grows progressively more unfavorable for the person. Under such conditions, persons can be expected to have feelings of helplessness, anger, and depression. 83

He lists five prerequisites that might minimize the emotional problems of aging: 1) the early learning of self-assertive behavior,

2) the lack of early paralyzing inhibitions, 3) a good early education in problem-solving, 4) an environment for aging that is not very different from the person's past environment, and 5) a general atmosphere in the later years of interest and hope.[84]

Psychiatric help for elderly persons has been scant. Reasons are wide-ranging: a traditional assumption that "senility" is inevitable, the lack of attractiveness of elderly persons in a youth-centered culture, the lack of hope for great improvement, lack of education on the part of the elderly, and the older persons' lack of motivation to help themselves. "The very helpless, clinging, and demanding are frightening," a psychologist said, "as any new and untrained mother can attest."[85] Yet Fromm, among others, believes that many older people can change, particularly if they have had flexible personalities in their earlier years.[86]

While the defense mechanisms can cause problems, sometimes the lack of them can be worse. When an elderly person's environment changes, it may be impossible for him to carry out useful defense mechanisms.[87] And, the tendency for younger people to withdraw, not understanding or repelled by an older person's preoccupation with bodily functions, for example, may deprive the older person of a useful defense mechanism.[88] A paradox can occur in interpersonal relations involving older persons when disengagement takes place because of both internal and cultural factors, but the older person may need personal relationships for security.[89] Often the elderly person resorts to dealing with only one thing at a time to save psychic energy (compartmentalization); this can result in repetitiveness, negativism and rigidity. The person must "hold on to reality by holding on to

what he knows, even at the expense of being pleasing."[90] Adding to interpersonal problems is the mechanism of "isolation of affect," or separation from feelings to allow the person to cope with anxiety and grief caused by the losses so common to the elderly. Again, the effect is circular, resulting in more withdrawal and loss of contact.[91]

A certain amount of regression may be useful, for instance, when an older person finds he has to cope with being dependent on another person. To accomplish this comfortably, the ego must search for an acceptable way to approach the dependency relationship, and the answer may lie in regression.[92] Another useful defense is denial, used to avoid discomfort or painful memories. The reason many older persons seem to be able to remember the distant past so well is that they are dipping into their memories to fill gaps where denial (an anti-cathexis) has blocked a painful memory or association.[93]

Another problem of aging is a universal one: depression. One psychologist has said that successful aging is partly dependent on a person's ability to tolerate depression -- even periods of severe depression -- due to physical problems, losses, lack of future orientation, and changes in status.[94] "Persons whose life-long stability has been based on resiliency rather than rigidity will live out their years with dignity and decency though none will escape his share of anxiety and quiet desolation."[95] He made the point that the character of an older person is determined by his over-all "adaptive pattern," or modes of reactions, participation in life, self concept, and attitudes.[96] But the poignancy stands out in his statement -- the "quiet desolation" is still there.

Loneliness may be a layman's term, but it is no less real to the

person suffering from it. Persons living in institutions can be as lonely as those who are physically isolated; it takes too much psychic energy to establish new relationships, or people who might have been capable of functioning normally are placed with others who are out of contact with reality. Often concern about physical care in institutions takes precedence -- as it perhaps must -- over psychological care.[97] The subject of loneliness is threatening as a topic of conversation, and it often seems that no useful result can come of talking about it. We might add, too, that many persons with a limited education have low verbal skills and little experience in dealing with abstractions. One writer suggests that discovering that other people have similar emotional problems is not helpful if the seeker is looking for a difference in his own feelings and actions.[98]

Dependency is a major problem for aging persons. In western society, and among those who are influenced by the protestant ethic, "strength is measured by the capacity to achieve and to combat and resist incapacity," and independence and overcoming one's impulses are all-important.[99] The trauma of old age occurs when physical problems or isolation bring dependence; fewer friends remain, and the elderly person must then be more dependent on those who are left.[100] It has been suggested that if many psychiatrically ill elderly persons could be taught to adjust to their dependency, they would be able to function normally again.[101]

There are various reasons for wanting independence. One is that independence is, of course, normal and reality-oriented, accompanied by a sense of well-being and little anxiety.[102] Another is that independence is equated with youthfulness and strength; to be independent is to be alive. Independence combats feelings of inadequacy and

inferiority. Some elderly persons, however, use independence as an unconscious act of hostility and punishment. Arousing guilt and concern in others by refusing help, and suffering as a result of it, can inflict punishment, or it can make the older person the target of much-needed attention. Other elderly people seek independence to avoid being exploited -- a common example of this is baby-sitting.[103]

Most people have formed their personality structure by the time they are about 20 years old. This means that they have acquired equilibrium, or a system of inner checks and balances that enable them to learn, adjust to frustration, cope with anxiety, achieve goals, and deal with conflicts.[104] The personality patterns which allow people to do these things are as different as the people are; but the important point to remember is that they are considered "stabilized," even if the personality pattern itself is violent or impulsive. That is the way the person will probably be all his life. It is the manner in which the ego deals with its problems that is stabilized; and even if it has adopted so many defense mechanisms that it cannot perform rationally, those defense mechanisms are firmly established and provide security for the ego.[105]

If a person has developed very strong anti-cathexes, for example, and has lived in a rigid, conservative manner, it is probable that the demands of adjustments to old age will be extremely taxing for the ego. Such a person may have had a life of frustrations, threats, disappointments, and punishment, all of which tend to cause the ego to direct energy toward "blocking" mechanisms. If a person has had many rewards, gratifications, and high self-esteem, his ego will have formed more cathexes than anti-cathexes, and there will be less tension in his personality that will require blocking.[106] Both kinds of persons,

though, can be said to have stabilized personalities.

Another kind of blocking function takes place within the personality -- a kind that provides society with useful services, and civilization with art, music and science. It is called "sublimation," and it is a form of displacement that occurs in all persons when primitive cathexes of the id have to be replaced with more realistic cathexes.[107] This is why people become involved in religious groups, community services, creative work, and hobbies. It is easy to see how much damage can be done to a personality if the outlets for these activities are cut off, as they often are in old age.

Psychological problems of older persons are not always caused by emotional and social upheavals. Often cerebral arteriosclerosis, the hardening of the blood vessels in the brain, and organic brain syndrome, caused by illness, result in psychological disorders and loss of mental capacity. The symptoms and behavior of a person suffering brain damage are very similar to purely psychological disorders. It is interesting to note, however, that some people with relatively severe brain damage learn to compensate for it, adjust, and lead normal lives, while others with minimal brain damage suffer mental breakdown.[108]

Now that we have explored the elements of personality and their relationships to one another, we can apply them to actual personality types. In case the reader feels discouraged and saddened, we would like to remind him that people are in old age what they were throughout their lives. Kaufman said, "The person brings to his aging years those strengths and weaknesses which he possessed at the various stages of his development."[109] It is reasonable to expect that a person who

has learned to adapt to change throughout his life will be able to adapt to aging and spend a happy fifteen to thirty years after retirement.

Two teams of researchers explored personality patterns and adjustment to retirement. Suzanne Reichard expressed the experience of one:

> Successful adjustment to retirement appears to depend less on how active a man is than on whether his activities develop out of lifelong needs and interests. For some, retirement is tolerable only if they are able to carry on activities that use job skills or that otherwise preserve their occupational identity. Others welcome the opportunity to turn to interests outside their jobs. Some find security in social isolation after retirement, or in freedom from pressure and responsibility. Others find isolation lonely and demoralizing. 110

Neugarten summed up:

> ...we regard personality as the pivotal dimension in describing patterns of aging and in predicting relationships between a level of social role activity and life satisfaction. There is considerable evidence that, in normal men and women, there is no sharp discontinuity of personality with age, but instead an increasing consistency. Those characteristics that have been central to the personality seem to become even more clearly delineated, and those values the individual has been cherishing become even more salient. 111

The successful personality types defined by one team were "mature," the "rocking-chair men," and the "armored." Less successful in aging were the types the team called the "angry men," and the "self-haters."

The "mature" men had led (or felt they had led) successful, satisfying lives, and appeared to grow old without regret. The "rocking-chair men" were more passive, welcoming their freedom from responsibility. They seemed to feel that old age brought satisfactions to balance the disadvantages. The "armored" group had a set of strong defense mechanisms that functioned smoothly to ward off their fear of physical decline and helplessness.[112] The life histories of the second and third types indicated that they were reflecting lifelong personality

patterns.

Suggesting that both activity and disengagement are equally effective patterns of aging, the researchers pointed out that although the results are the same -- successful adjustment to old age -- the similar behavior of two groups of people was actually satisfying two very different sets of needs. While the "mature" continued activity through simple enjoyment, the "armored" kept busy in defense against anxiety.

The poorly adjusted groups had in common a sense of failure in their lives. The "angry men," the larger group, blamed others for earlier failures, whereas the "self-haters" blamed themselves, becoming more depressed as they grew older. They felt worthless and inadequate.[113]

Another study divided elderly subjects into four personality types, with sub-types in each group. Similar to the successful group in the first study, persons in this "integrated" category were "acceptant of impulse life, over which they maintain a comfortable degree of control; they are flexible, open to new stimuli; mellow, mature. All these individuals, it happens, were high in life satisfaction."

The study subdivided the "integrated" personalities into three groups: "reorganizers," who substituted new activities and roles for former ones, placing high value on the American ideal of staying busy. A second group were the "focused," who had become more selective in their activities and concentrated their energies on a favorite one or two roles. A third, the "disengaged," had withdrawn from a busy schedule of activities, but had not lost interest in the world. Their disengagement was voluntary. All three groups showed a high degree of satisfaction with their lives.

A second major category in this study was the "armored-defended" group. Like the "armored" group in the other study, this category of

people showed high defenses against anxiety and impulse.[114] They, too, were subdivided.

One subdivision in a "holding-on" pattern of adjustment attempted to resist old age by continuing the activities and orientation of middle age. Those in a "constricted" group were preoccupied with losses and threats, and reacted by narrowing their world in order to cope with it.

A third major group was called the "passive-dependent," and was divided into two sub-categories: the "succorance-seeking," who needed emotional responsiveness from others to meet a strong need for dependency, and the "apathetic." Both of these types were thought to be reinforcing long-standing personality patterns of passivity and apathy. A final group was the "unintegrated," who were able to function in the community, but had "gross defects in psychological functions, loss of control of emotions and deterioration in thought processes."

Both studies were limited in size and in composition of the population. But Neugarten commented, "...it is clear, from this brief description of patterns, that neither the 'activity' nor the 'disengagement' theory of successful aging accounts for the empirical findings. A 'personality-continuity' or 'developmental' theory of aging needs to be more formally set forth."[115]

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FOOTNOTES -- CHAPTER II

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4. Arnold M. Rose, "A Current Theoretical Issue in Social Gerontology," in Middle Age and Aging: A Reader in Social Psychology, ed. Bernice L. Neugarten (Chicago: University of Chicago Press, 1968), p. 185.

5. Cumming, Growing Old, p. 211.

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III. SUMMARY AND IMPLICATIONS FOR PUBLIC LIBRARIES

From a survey of the social and psychological aspects of aging, we can form a picture of the problems of elderly persons. We have discussed in detail only two of the items listed below, but librarians need to be aware of their interrelatedness.

1) Physical decline or physical disability

2) Social role change, e.g., retirement

3) Loss, through death and separation

4) Decreased income, sometimes change of environment

5) Psychological problems of adaptation, often aggravated by isolation

6) Poor information processing ability, often due to physical, psychological and educational handicaps

What can libraries do about these problems? The three types of programs offered by libraries, as described in the National Survey, meet most of these needs more or less directly. Special materials meet the needs of those with physical problems and poor information processing ability (No. 1 and 6). Group programs meet the needs of people who have unaccustomed leisure time or the task of finding new occupations or hobbies. They can also alleviate the problems of social isolation, loneliness, and low self-esteem (No. 2 and 5). Extension or outreach programs attempt to touch the lives of those who have withdrawn for reasons other than their own desire to do so, those who are physically unable to take advantage of library service, those who do not know or care about library programs, or those who cannot afford to travel to the library (No. 1, 2, 3, 4, and 5).

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Library literature reflects the ways in which library programs

attempt to meet these needs, if not the effectiveness of the programs. Christa Buswell analyzed library literature in preparation for her 1971 article, in somewhat the same manner used by Kanner in his dissertation; she found articles in three major areas of service: education for aging, group activities for the elderly, and reading interests of the elderly.[1] We have just pointed out the value of group programs, and in an earlier chapter we discussed reading interests of the aging. Buswell's own article illustrates the value of her awareness of psychological aspects of aging in choosing reading materials for the elderly. We need not belabor her point. And, in the introduction to this paper, we emphasized the value and need for education for aging.

But what about effectiveness? Our own limited experiment in analyzing library literature seems to indicate a gap in conscious awareness of what lies behind the emotional problems of the elderly. And, Kanner's study showed that from 1946 to 1969 no transfer of information occurred from gerontological to library literature in the areas of social role and psychosocial theories of aging and personality.[2] Why should librarians know more about the psychological aspects of aging -- or about any special aspect of their patrons' lives? The basic reason, as we see it, is in addition to an obvious necessity for continuous upgrading of programs and for education for aging.

We may recognize that our own awareness is inadequate, and that our libraries may be skirting the edges of patrons' real needs. But we must also be aware of our own needs as librarians: our need for the intellectual energy and curiosity that should make librarians the educated generalists who serve as a funnel through which various publics make known their needs and, in turn, receive information. Even this is not sufficient, however, if librarians remain passive -- regardless of how well-prepared they may be. Instead, we must take the

initiative in the service role; what we offer -- and what we know -- must be visible and desirable to the public. Perhaps it requires, at this point, a glance at American public library history to remind ourselves that libraries were once intended to be the "crowning glory" of free public education. Whatever the motives of nineteenth century public library founders, the form, function and setting of libraries are essentially the same today: why should the public library not act as a force for better lives? (If this is considered an "activist" point of view today, remember that it has conservative roots). With this in mind, then, let us return to the problem of library service to the aging.

Is it enough for libraries to provide another source of "busy-ness" for elderly persons? Is it enough to provide booklists or displays aimed at the middle-aged reader to prepare him for retirement or role change? Or to sponsor a speaker on health frauds or Social Security? Can an apathetic, depressed person be enticed to the library, especially if he has seldom used a library? Instead of treating symptoms of poor adjustment to old age, libraries ought to be treating one of the causes -- by re-asserting their role in society as an agency for free adult education. Implied throughout our examination of psychological processes of aging is the necessity for continuing the learning pattern during an individual's adult years. Knowing in advance what to expect of one's own emotional reaction to retirement is helpful -- but it is not really what the individual learns, it is the fact that he is learning that is important. Rigidity, isolation, narrowing of experience, and most of all, the terminal nature of education in our society, all lead an aging person into difficulties in adapting to a difficult period of life. At a time of life when adaptive powers should be operating at full efficiency,

many persons have long ago lost the knack of learning, of thinking imaginatively, or of healthful introspection.

In the literature of gerontology and psychology of aging, we see a call for lifelong learning for all individuals, regardless of the depth or the subject. In libraries we see an ideal setting for lifelong learning; in multiagency cooperation we see an opportunity for recruitment of patrons and delivery of library adult education. And in interdisciplinary library education we see better preparation for delivery of learning opportunities to all kinds of people and communities.

As for the nature of present programs for elderly persons, it is possible that some of them could be improved through a greater awareness of the psychological needs of older persons. Erich Fromm suggested that our industrial society has created a "consumer-man" whose main interest, besides working, is to consume "...everything with voracity -- liquor, cigarettes, movies, television, lectures, books, art exhibits, sex; everything is transformed into an article of consumption." He describes it as the attitude of the "eternal suckling."[3]

There must be a sense of emptiness behind this attitude, Fromm said; consider one of the symptoms of psychological depression: overeating or overbuying.[4] In fact, consuming is a modern concept of freedom in contrast to the nineteenth century concept of freedom in private property and doing with it what one wished.

Will the elderly, with their increased leisure, be turned into "super-consumers?" Thanks to the amusement industry, Fromm speculated, people can now kill time decently, after spending a lifetime making a fetish of not wasting it. Deploring the dulling effect "consuming" has on one's senses and emotions, Fromm emphasized the tendency to "consume"

feelings and experiences instead of actually feeling them. Too often, he said, people have thoughts about feelings instead of the feelings themselves.[5]

Evidence of the unconscious boredom in our society is the number of "things" we have, Fromm said; boredom is a sign of failure, and must be repressed. If possible, excitement must replace boredom.[6]

Fromm's point is this: we must help the older person to avoid a passive, consumer life, to use his new leisure in recreation that is really "re-creation."[7] While Fromm's message is uncomfortably on target, we might take issue on one or two points. Many older persons cannot afford to be "super-consumers," but, in line with Fromm's thought, they have been conditioned to consuming. And, in Fromm's argument, consuming is a form of passivity. Although we know that it is not advisable, or even very successful, to change lifelong patterns, an imaginative library program for elderly persons may nudge a patron or two into creativity now and then, or help them explore their own inner resources.

In this, too, we see a call for library adult education. Climbing circulation figures are a desirable commodity, but could they also be part of the producer-consumer pattern? In library adult education, circulation figures should instead mean a way of life that makes passive consuming unnecessary.

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APPENDIX A

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APPENDIX B

GLOSSARY

Anti-cathexis - a flow of psychic energy to block a cathexis.

Cathexis - a flow of psychic energy toward a person, object or situation.

Defense mechanism - behavior or personality patterns created by the ego in order to cope with reality, prevent pain, and satisfy needs, usually as an alternative to more rational problem-solving behavior.

Ego - the element of the personality responsible for dealing with reality, learning, adjusting, and satisfying an individual's needs.

Id - the element of the personality that originates psychic energy, impulses and primitive drives.

Psychic energy - the energy used by the mind to learn, think, remember, and experience emotions.

Psychological disengagement - withdrawal of a person's emotional investment in persons, things or events.

Regression - a form of defense mechanism involving the ego's re-orientation to the past and past forms of behavior.

Social disengagement - decrease of a person's contacts with other persons, institutions, or social systems.

Social life space - the range of contacts a person has within a society and its social systems, or groupings.

Social role - the behavior expected of a person, defined by the nature of his interactions with society and depending on his status in a society. A person has many social roles, e.g., organization member, worker, parent, or spouse.